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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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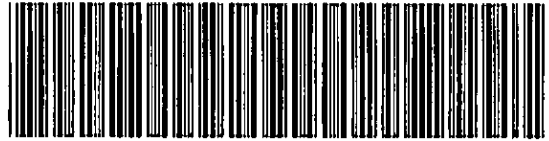
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SANJAY TRIVEDI MD LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANTAY TRIVED I

	Firm/Company
1	1. <i>Aluminum Company of America</i>
2	2. <i>Aluminum Company of China</i>
3	3. <i>Aluminum Company of India</i>
4	4. <i>Aluminum Company of Japan</i>
5	5. <i>Aluminum Company of Korea</i>
6	6. <i>Aluminum Company of Russia</i>
7	7. <i>Aluminum Company of South Africa</i>
8	8. <i>Aluminum Company of Sweden</i>
9	9. <i>Aluminum Company of Switzerland</i>
10	10. <i>Aluminum Company of Taiwan</i>
11	11. <i>Aluminum Company of Thailand</i>
12	12. <i>Aluminum Company of United Kingdom</i>
13	13. <i>Aluminum Company of United States</i>
14	14. <i>Aluminum Company of Vietnam</i>
15	15. <i>Aluminum Company of Yugoslavia</i>
16	16. <i>Aluminum Company of Zimbabwe</i>
17	17. <i>Aluminum Company of Brazil</i>
18	18. <i>Aluminum Company of Argentina</i>
19	19. <i>Aluminum Company of Chile</i>
20	20. <i>Aluminum Company of Peru</i>
21	21. <i>Aluminum Company of Colombia</i>
22	22. <i>Aluminum Company of Venezuela</i>
23	23. <i>Aluminum Company of Mexico</i>
24	24. <i>Aluminum Company of Cuba</i>
25	25. <i>Aluminum Company of Haiti</i>
26	26. <i>Aluminum Company of Dominican Republic</i>
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100	100. <i>Aluminum Company of Venezuela</i>

C24 FENWICK LN

Address

JACKSONVILLE, FL
City/State and Zip Code 322

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANTJAY TRIVEDI at (904) 707-5007
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2022 NOV -4 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FL

SECRET

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SANTAY TRIVEDI HD LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/18/2017 and assigned
Florida document number L11000059118

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR MEMBER	SAPNA TRIVEDI	624 FENWICK LANE JACKSONVILLE FL 32259	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove ✓
			<input type="checkbox"/> Change
AMBR MEMBER	ROHINI TRIVEDI	624 FENWICK LANE JACKSONVILLE FL 32259	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove ✓
			<input type="checkbox"/> Change
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TALLAHASSEE, FL

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10/25/22

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 10/15/22.

SAHJAY TRIVEDI

Typed or printed name of signee

Filing Fee: \$25.00